

## CLAIMS ONLY

Application Number

10-694080

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3			1			
4				1		
5			1			
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Total Indep						
Total Depend						
Total Claims						

51		Indep	Depend	Indep	Depend	Indep	Depend
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100							
Total Indep							
Total Depend							
Total Claims							